

# 2007 LIMITED PARTNERSHIP ANNUAL REPORT

# Due By May 1, 2007

#### **DOCUMENT # A33389**

1. Entity Name SARASOTA TRUST CENTER, LTD.



Principal Place of Business

640 SOUTH WASHINGTON BLVD., #200 SARASOTA, FL 34236

Mailing Address

640 SOUTH WASHINGTON BLVD., #200

SARASOTA, FL 34236

**FILED** Mar 01, 2007 08:00 AM Secretary of State



### DO NOT WRITE IN THIS SPACE

02192007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0354128 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRISSY, BRUCE M., JR. 640 S. WASHINGTON BLVD. SARASOTA, FL 34236

### DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the purpose of changing its re- tions of registered agent.	gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE		
Signature, typed or printed name of registered agent and title if applicable.		DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.0	oo l
		IY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT #	V61867	
NAME	SARASOTA TRUST CORP.	
STREET ADDRESS	640 S. WASHINGTON BLVD.	
CITY-ST-ZIP	SARASOTA, FL 34236	U00000652814
DOCUMENT #		U00000652814   03/12/07~80034-002 500.00
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14. I hereby certify that the information-supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this eport as required by Chapter 620, Florida Statutes

**SIGNATURE** 

STAPLE CHECK HERE

NAME STREET ADDRESS CITY-S1-Z(P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #